

SERIAL NUMBER <div style="text-align: center;">09/063,544</div>	FILING DATE <div style="text-align: center;">04/21/98</div>	CLASS <div style="text-align: center;">342</div>	GROUP ART UNIT <div style="text-align: center;">3642</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">COS-97-036</div>
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APPLICANT

BRUCE D. ELLIOT, COLORADO SPRINGS, CO.

****CONTINUING DOMESTIC DATA*******

VERIFIED

DP

****371 (NAT'L STAGE) DATA*******

VERIFIED

DP

****FOREIGN APPLICATIONS*******

VERIFIED

DP

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Verified and Acknowledged <u>DP</u> <u>DP</u> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div>	STATE OR COUNTRY <div style="text-align: center;">CO</div>	SHEETS DRAWING <div style="text-align: center;">6</div>	TOTAL CLAIMS <div style="text-align: center;">37</div>	INDEPENDENT CLAIMS <div style="text-align: center;">2</div>
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ADDRESS

TECHNOLOGY DEPARTMENT
 MCI COMMUNICATIONS CORPORATION
 1133 19TH STREET N W
 WASHINGTON DC 20036

TITLE

ANYT LE/ANYWHERE CHILD LOCATOR SYSTEM

FILING FEE RECEIVED <div style="text-align: center;">\$1,164</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="font-size: small;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div>
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